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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/067,843	02/08/2002	Kenji Iwano	2002_0211A	9646
513	7590	10/26/2011	EXAMINER	
WENDEROTH, LIND & PONACK, L.L.P.			COBANOGLU, DILEK B	
1030 15th Street, N.W.,			ART UNIT	PAPER NUMBER
Suite 400 East				3626
Washington, DC 20005-1503				
			NOTIFICATION DATE	DELIVERY MODE
			10/26/2011	ELECTRONIC

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1                   UNITED STATES PATENT AND TRADEMARK OFFICE

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4                   BEFORE THE BOARD OF PATENT APPEALS

5                   AND INTERFERENCES

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8                   *Ex parte* KENJI IWANO, JINSEI MIYAZAKI, SHIROU HONMA,  
9                   HIROYOSHI NOMURA, and SHUNICHI NAGAMOTO

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12                   Appeal 2010-006088

13                   Application 10/067,843

14                   Technology Center 3600

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18                   Before ANTON W. FETTING, JOSEPH A. FISCHETTI, and  
19                   BIBHU R. MOHANTY, *Administrative Patent Judges*.  
20                   FETTING, *Administrative Patent Judge*.

21                   DECISION ON APPEAL

1 STATEMENT OF THE CASE<sup>1</sup>

2 Kenji Iwano, Jinsei Miyazaki, Shirou Honma, Hiroyoshi Nomura, and  
3 Shunichi Nagamoto (Appellants) seek review under 35 U.S.C. § 134 (2002)  
4 of a final rejection of claims 1 and 3-17, the only claims pending in the  
5 application on appeal. We have jurisdiction over the appeal pursuant to  
6 35 U.S.C. § 6(b) (2002).

7 The Appellants invented a medical information system adapted to home  
8 health care (Specification ¶ 0001).

9 An understanding of the invention can be derived from a reading of  
10 exemplary claim 1, which is reproduced below [bracketed matter and some  
11 paragraphing added].

12 1. A medical information system comprising:

13 [1] a patient server comprising a first database, said patient  
14 server

15 receiving vital information and unique identifications  
16 allocated to patients,

17 storing and managing the received vital information and  
18 unique identifications in said first database

19 such that the vital information is associated with a  
20 corresponding unique identification, and

21 such that correspondence between each of the  
22 unique identifications and patient data,

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<sup>1</sup> Our decision will make reference to the Appellants' Appeal Brief ("App. Br.," filed August 10, 2009) and Reply Brief ("Reply Br.," filed January 11, 2010), and the Examiner's Answer ("Ans.," mailed November 10, 2009).

wherein the patient data includes at least a patient name,

is unrecognizable, and

transmitting the stored and managed vital information and unique identifications;

[2] a medical care provider server connected to said patient server through a first network and comprising a second database, said medical care provider server

receiving the vital information and unique identifications from said first database of said patient server through the first network,

storing and managing the received vital information, unique identifications, and patient data in said second database.

associate [sic] each of the unique identifications with corresponding patient data.

identifying corresponding patient data using each of the unique identifications, and

allowing the stored and managed vital information, unique identifications, and patient data to be browsed;

[3] a patient terminal connected to said patient server through a second network, said patient terminal

transmitting the vital information and unique identifications to said patient server through the second network;

[4] and a doctor terminal connected to said medical care provider server through a third network, said doctor terminal

browsing the vital information, unique identifications, and patient data stored and managed in said medical care provider server through the third network.

wherein the first network is configured

to allow communication between said patient server and said medical care provider server and

1 disallow communication between  
2 either said patient terminal or said doctor  
3 terminal and  
4 either said patient server or said medical  
5 care provider server, and  
6 disallow communication between said patient  
7 terminal and said doctor terminal,  
8 wherein the second network is configured to  
9 allow communication between said patient  
10 terminal and said patient server, and  
11 disallow communication among said patient  
12 server, said medical care provider server, and said  
13 doctor terminal, and  
14 wherein the third network is configured to  
15 allow communication between said doctor terminal  
16 and said medical care provider server, and  
17 disallow communication among said patient  
18 server, said medical care provider server, and said  
19 patient terminal.

20 The Examiner relies upon the following prior art:

Joao	US 6,283,761	Sep. 4, 2001
Felsher	US 2002/0010679 A1	Jan. 24, 2002
Califano	US 2003/0039362 A1	Feb. 27, 2003

21       Claims 1 and 3-17 stand rejected under 35 U.S.C. § 103(a) as  
22       unpatentable over Joao, Califano, and Felsher.

1 ISSUES

2 The issue of obviousness turns primarily on whether the Examiner  
3 presented evidence of the predictability of allowing and disallowing data  
4 communication according to limitation [4] of claim 1.

5 FACTS PERTINENT TO THE ISSUES

6 The following enumerated Findings of Fact (FF) are believed to be  
7 supported by a preponderance of the evidence.

8 *Facts Related to the Prior Art*

9 *Joao*

10 01. Joao is directed to a comprehensive healthcare processing  
11 system which can manage patient and client records, doctor and  
12 other provider records, healthcare insurance and/or payer records,  
13 and thereby provide an apparatus, system and methods for  
14 providing a variety and a multitude of healthcare information  
15 processing applications, processes and services. Joao 2:38-45.

16 02. Joao does not show two separate servers communicating with  
17 one another.

18 *Califano*

19 03. Califano is directed to securely storing genetic and medical  
20 data, as well as other types of private information. A secure  
21 database protects confidential medical information of participants  
22 in a medical study. When study participants register with the  
23 study, upon registration they are assigned a virtual private identity  
24 (VPI) that lacks any information that may be employed, in and of

itself, to determine identity information, such as name or social security number of the participant assigned the respective VPI. The system creates an encrypted and secure database that contains the pairing between patient identity information and the assigned VPI. For subsequent operations of storing or accessing patient data, the system employs the VPI, thus, decoupling patient identity information from operations for reading and storing data. Once the patient has an assigned VPI, information collected from the patient may be stored into data tables of a database using the VPI as an index. Califano ¶ 0010.

Felsher

04. Felsher is directed to a trustee model for the collection, maintenance and distribution of entrusted information content, such as medical records or copyright works. Medical institutions are the custodians of the records, over which the patient, or the successors of the patient hold rights. One of the patient's rights is the right to control release of the records. Felsher provides a comprehensive set of technologies to address the full scope of issues presented in implementing a secure and versatile medical information infrastructure that respects the rights of patients to privileges, such as confidentiality, gives due regard to federal and state regulations, while facilitating full and appropriate use and transmission of the data. Felsher ¶'s 0189-0190.

1 ANALYSIS

2 We are persuaded by the Appellants' argument that the applied art fails  
3 to describes or show the predictability of a structure in which two servers  
4 communicate with one another, one of which has a database that associates  
5 patient information with an anonymous identifier and patient vital  
6 information, the other of which only stores an association between the  
7 anonymous identifier and the vital information, and where the first server  
8 does not communicate with a patient terminal and the second server does  
9 not communicate with a patient terminal. Appeal Br. 7-8; Reply Br. 5-6.

10 The Examiner found that the use of plural networks and security were  
11 notoriously well known and applied this fact to Joao to find that the claimed  
12 combination of three separate networks and the allowance and disallowance  
13 of specified data were predictable. Ans. 6-7 and 18-19. While we would  
14 agree that the use of networks in serial communication is well known, and  
15 securing data communications is well known, the Examiner provided no  
16 evidence that the particular combination of data allowance and disallowance  
17 by each of the networks was predictable to one of ordinary skill.

18 The remaining independent claims have a similar limitation.

19 CONCLUSIONS OF LAW

20 The rejection of claims 1 and 3-17 under 35 U.S.C. § 103(a) as  
21 unpatentable over Joao, Califano, and Felsher is improper.

22 DECISION

23 The rejection of claims 1 and 3-17 under 35 U.S.C. § 103(a) as  
24 unpatentable over Joao, Califano, and Felsher is not sustained.

Appeal 2010-006088  
Application 10/067,843

1 REVERSED

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